Package Information

Package ID   NE2019M50003O
Program Name N/A
SPA ID       NE-19-0002
Version Number 1
Submitted By  Nancy Keller

Submission Type  Official
State          NE
Region         Kansas City, KS
Package Status  Submitted
Submission Date 4/1/2019
Regulatory Clock 90 days remain
Review Status   Review 1
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

Package Header

Package ID NE2019MS0003O
SPA ID NE-19-0002
Submission Type Official
Initial Submission Date 4/1/2019
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A
Reviewable Unit Instructions

State Information

State/Territory Name: Nebraska
Medicaid Agency Name: Nebraska Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP
## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

### Package Header

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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### SPA ID and Effective Date

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Proposed Effective Date</th>
<th>Superseded SPA ID</th>
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<tbody>
<tr>
<td>Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability</td>
<td>10/1/2020</td>
<td>N/A</td>
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<tr>
<td>Mandatory Eligibility Groups</td>
<td>10/1/2020</td>
<td>NE-15-0008</td>
</tr>
<tr>
<td>Adult Group</td>
<td>10/1/2020</td>
<td>NE-13-0027 S32</td>
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Page Number of the Superseded Plan Section or Attachment (If Applicable):

NE-13-0027 S32
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NE2019M50003O | NE-19-0002

Package Header

Package ID NE2019M50003O
SPA ID NE-19-0002
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives
To implement the adult group at 42 CFR 435.119.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tbody>
<tr>
<td>First 2019</td>
<td>$0</td>
</tr>
<tr>
<td>Second 2020</td>
<td>$0</td>
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</table>

Federal Statute / Regulation Citation
1902(a)(10)(A)(II); 42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
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No items available
Submission - Summary
MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

Package Header

Package ID NE2019MS0003O
Submission Type Official
Superseded SPA ID N/A

SPA ID NE-19-0002
Initial Submission Date 4/1/2019
Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

☐ No comment
☐ Comments received
☐ No response within 45 days
☒ Other

Describe Not required under 42 CFR 430.12(b)(2)(I)
Submission - Medicaid State Plan

The submission includes the following:

- Administration
- Eligibility
- Income/Resource Methodologies
  - Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability
  - New MAGI-Based Methodologies
  - Non-MAGI Methodologies
  - More Restrictive Requirements than SSI under 1902(f) - (209(b) States)
- Income/Resource Standards
- Mandatory Eligibility Groups
Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2019M50003O | NE-19-0002

Package Header

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<td>Superseded SPA ID</td>
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</table>

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited
Submission - Tribal Input

Package Header

Package ID: NE2019M50003O
SPA ID: NE-19-0002
Submission Type: Official
Approval Date: N/A
Superseded SPA ID: N/A

Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state:
- [ ] Yes
- [ ] No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan:
- [ ] Yes
- [ ] No

✔ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

✔ All Indian Health Programs

<table>
<thead>
<tr>
<th>Date of solicitation/consultation:</th>
<th>Method of solicitation/consultation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/2019</td>
<td>An email was transmitted with attachments for consultation.</td>
</tr>
</tbody>
</table>

✔ All Urban Indian Organizations

<table>
<thead>
<tr>
<th>Date of solicitation/consultation:</th>
<th>Method of solicitation/consultation:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>An email was transmitted with attachments for consultation.</td>
</tr>
</tbody>
</table>

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

✔ All Indian Tribes

<table>
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<tr>
<th>Date of consultation:</th>
<th>Method of consultation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/2019</td>
<td>An email was transmitted with attachments for consultation.</td>
</tr>
</tbody>
</table>

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state’s responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.
<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
</tr>
</thead>
</table>

**Indicate the key issues raised (optional)**

- □ Access
- □ Quality
- □ Cost
- □ Payment methodology
- □ Eligibility
- □ Benefits
- □ Service delivery
- □ Other issue
A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

   The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)
## Mandatory Eligibility Groups

The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

### Families and Adults

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included in Another Submission Package</th>
<th>Source Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children under Age 19</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Parents and Other Caretaker Relatives</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Deemed Newborns</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>NEW</td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>NEW</td>
</tr>
<tr>
<td>Former Foster Care Children</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>NEW</td>
</tr>
<tr>
<td>Transitional Medical Assistance</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>NEW</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
<td>✅</td>
<td>✗</td>
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<td>NEW</td>
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</table>

### Aged, Blind and Disabled

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
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<th>Include RU In Package</th>
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<th>Source Type</th>
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<tr>
<td>SSI Beneficiaries</td>
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<td>NEW</td>
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<tr>
<td>Closed Eligibility Groups</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
<td>NEW</td>
</tr>
<tr>
<td>Individuals Deemed To Be Receiving SSI</td>
<td>✅</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Eligibility Group Name</td>
<td>Covered In State Plan</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Working Individuals under 1619(b)</td>
<td>✓</td>
<td></td>
<td></td>
<td>NEW</td>
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<tr>
<td>Qualified Medicare Beneficiaries</td>
<td>✓</td>
<td></td>
<td></td>
<td>NEW</td>
</tr>
<tr>
<td>Qualified Disabled and Working Individuals</td>
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<td></td>
<td>NEW</td>
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<tr>
<td>Specified Low Income Medicare Beneficiaries</td>
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<tr>
<td>Qualifying Individuals</td>
<td>✓</td>
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Mandatory Eligibility Groups

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<td>System-Derived</td>
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Reviewable Unit Instructions

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

Families and Adults

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</thead>
<tbody>
<tr>
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<td>❑</td>
<td>❑</td>
<td>❑</td>
<td>NEW</td>
</tr>
</tbody>
</table>

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

• N/A
Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
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